# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

| Use separate schedule(s) for each category of the Detailed Summary Page |
|---|

FOR LINE NUMBER: (check only one)

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[x] 11a  [ ] 11b  [ ] 11c  [ ] 11d
[ ] 12   [ ] 13a  [ ] 13b  [ ] 14   [ ] 15

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NAME OF COMMITTEE (In Full)
Team Herschel, Inc

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**A.**

Full Name (Last, First, Middle Initial)
WEYNAND, MICHAEL, J., MR.,

Mailing Address 1507 WOOLDRIDGE DR

| City | State | Zip Code |
|---|---|---|
| AUSTIN | TX | 78703-2531 |

FEC ID number of contributing federal political committee. C

| Name of Employer | Occupation |
|---|---|
| TRAVIS AGGREGATES LTD. | MANAGER |

Receipt For: 2022
[ ] Primary  [ ] General
[x] Other (specify) ▼ RUNOFF

Election Cycle-to-Date ▼
2900.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 17 / 2022

Transaction ID : SA11A.1545687

Amount of Each Receipt this Period
− 100.00

[x] Memo Item
CONTRIBUTION

REDESIGNATION TO OTHER

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**B.**

Full Name (Last, First, Middle Initial)
WHATLEY, THOMAS, F., , II

Mailing Address 640 PHILLIPS COURT

| City | State | Zip Code |
|---|---|---|
| GRANBURY | TX | 76048-2902 |

FEC ID number of contributing federal political committee. C

| Name of Employer | Occupation |
|---|---|
| RETIRED | RETIRED |

Receipt For: 2022
[ ] Primary  [ ] General
[x] Other (specify) ▼ RUNOFF

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2022

Transaction ID : SA11A.1234000

Amount of Each Receipt this Period
500.00

[ ] Memo Item
CONTRIBUTION

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**C.**

Full Name (Last, First, Middle Initial)
WHEELER, JOHN, , ,

Mailing Address 11445 CHAMPLAIN TRL

| City | State | Zip Code |
|---|---|---|
| CHAGRIN FALLS | OH | 44023-8807 |

FEC ID number of contributing federal political committee. C

| Name of Employer | Occupation |
|---|---|
| RETIRED | RETIRED |

Receipt For: 2022
[ ] Primary  [ ] General
[x] Other (specify) ▼ RUNOFF

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 06 / 2022

Transaction ID : SA11A.1533402

Amount of Each Receipt this Period
250.00

[ ] Memo Item
CONTRIBUTION

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SUBTOTAL of Receipts This Page (optional) ........................................................ ▶
750.00

TOTAL This Period (last page this line number only) ........................................ ▶